

# OFFICE OF EDUCATIONAL TECHNOLOGY QUEENS

Digital Destinations in History Application- 2011- 2012  
82-01 Rockaway Boulevard  
Queens, New York 11416



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment #	
City	State	ZIP	
Phone	E-mail Address		
Other E-mail Address	File Number	School	
DBN District, Borough, Name			
INFORMATION ABOUT YOUR TEACHING ASSIGNMENT			
Grade currently taught: Include all that apply			
Content area currently taught: Include all that apply			
DISCLAIMER AND SIGNATURE			
<b>By submitting this application, I am certifying that it is complete and accurate. I am also making the commitment to this program to attend all mandatory meetings/workshops and agreeing to become a school leader to share this professional development with other teachers. I will make a copy of this application and sign it, have my principal sign it and bring it to my first workshop.</b>			
Applicant's Name		Applicant's Signature	
Principal's Name		Principal's Signature	



**2010-11 APPLICATION FOR PER SESSION EMPLOYMENT AND CLAIM FOR RETENTION RIGHTS (OP-175)**

**Directions:** This form must be completed and submitted to the per session supervisor prior to commencement of employment in a per session activity. A copy of this form must be retained by the per session supervisor. An applicant who wishes to claim retention rights must assert such a claim on this form. Retention rights may be claimed ONLY in one per session activity. No person may work more than 500 hours in one or a combination of per session activities (with a maximum of 270 hours in a school psychologist and/or school social worker position) without prior written approval of the Division of Human Resources in accordance with Chancellor's Regulation C-175.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ File No.: \_\_\_\_\_ Email Address: \_\_\_\_\_

1. Are you a full-time employee of the NYC Department of Education? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, indicate current work location: ISC \_\_\_\_\_ District \_\_\_\_\_ School/Office \_\_\_\_\_

License or Title \_\_\_\_\_ Hours of Employment from \_\_\_\_\_ to \_\_\_\_\_

2. Per Session Position for which you are Applying: Program Name: \_\_\_\_\_

ISC \_\_\_\_\_ District \_\_\_\_\_ Approximate Start Date \_\_\_\_\_ Do you claim retention rights? Yes \_\_\_\_\_ No \_\_\_\_\_

School/Office \_\_\_\_\_ Approximate Total No. of Hours in Activity \_\_\_\_\_

Work Hours Monday – Friday \_\_\_\_\_ to \_\_\_\_\_ Saturday – Sunday \_\_\_\_\_ to \_\_\_\_\_

3. **Between July 1, 2010 and June 30, 2011 have you worked or do you plan to work in any other per session activity?** Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, indicate all positions below. Use additional sheets if necessary.

a. Program Name: \_\_\_\_\_

ISC \_\_\_\_\_ District \_\_\_\_\_ Approximate Start Date \_\_\_\_\_ Do you claim retention rights? Yes \_\_\_\_\_ No \_\_\_\_\_

School/Office \_\_\_\_\_ Approximate Total No. of Hours in Activity \_\_\_\_\_

Work Hours Monday – Friday \_\_\_\_\_ to \_\_\_\_\_ Saturday – Sunday \_\_\_\_\_ to \_\_\_\_\_

b. Program Name: \_\_\_\_\_

ISC \_\_\_\_\_ District \_\_\_\_\_ Approximate Start Date \_\_\_\_\_ Do you claim retention rights? Yes \_\_\_\_\_ No \_\_\_\_\_

School/Office \_\_\_\_\_ Approximate Total No. of Hours in Activity \_\_\_\_\_

Work Hours Monday – Friday \_\_\_\_\_ to \_\_\_\_\_ Saturday – Sunday \_\_\_\_\_ to \_\_\_\_\_

4. Will your total per session hours for this year, including the hours for the position for which you are applying, exceed 500? Yes \_\_\_\_\_ No \_\_\_\_\_

5. If yes, have you submitted a waiver request to exceed the 500 hour maximum? Yes \_\_\_\_\_ No \_\_\_\_\_

6. **Declaration:** I have read and understand the requirements in Chancellor's Regulation C-175. I understand that I am bound by this regulation. I affirm that the information give above is, to my knowledge, accurate and complete, and I understand that a willfully false answer to any question contained herein is a Class E felony which shall render this application null and void and may result in loss of retention rights, cancellation of per session employment, loss of pay, recoupment of compensation already paid, or disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

7. **Approval by Per Session Supervisor:** I certify that this applicant possesses the qualifications established for the position and that the selection was made after following advertising procedures set forth in Chancellor's Regulation C-175.

\_\_\_\_\_  
Signature of Per Session Program Supervisor

\_\_\_\_\_  
Date

OP-175 – 2010-2011



**THE NEW YORK CITY DEPARTMENT OF EDUCATION**  
**JOEL I. KLEIN, *Chancellor***

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***Office of Communications & Media Relations***  
52 Chambers Street, New York, NY 10007  
Tel.: 212-374-5141 Fax: 212-374-5584

**CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE A STUDENT FOR  
NON-PROFIT USE**

(e.g.: educational, public service or health awareness purposes)

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_ Class: \_\_\_\_\_

I, \_\_\_\_\_, hereby consent to the participation  
(Parent or Guardian's Name)  
in interviews, the use of quotes, and the taking of photographs, movies or video tapes of  
my son/daughter and his/her school-related work by \_\_\_\_\_.

I also grant to \_\_\_\_\_ the right to edit, use and reuse  
said products for non-profit purposes. I also hereby release the New York City Department of  
Education and its agents and employees from all claims, demands, and liabilities whatsoever in  
connection with the above.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Address of Parent/Guardian)

## **Evaluation Overview**

### **OET Queens – Enhancing Education Through Technology Title IID**

#### **What is the purpose of the evaluation and why is it important?**

- The evaluation is required by the federal government to determine if the program has met its stated goals and objectives.
- It is designed to provide short-term feedback to the Queens Office of Instructional Technology on the progress of the program and its immediate effects among participants.
- It will be used to inform long-range planning for future professional development around instructional technology in the borough, City, and State.
- It will contribute to the national research base on the successes and challenges of helping teachers to understand and use educational technology as a means to promote high levels of student achievement.

#### **What are the federally mandated goals of the evaluation?**

- Students improve ELA achievement
- Students improve their technology literacy skills
- Teachers integrate technology into instruction

#### **What information will be included and how will it be collected?**

- Student ELA achievement data
  - Teacher surveys
  - Student surveys
  - Review of teacher products
  - Review of student work
  - Site visits to schools
- (see the data collection overview for timelines)

#### **Who is conducting the evaluation?**

ReLearning Curve has been contracted to conduct the evaluation. ReLearning Curve works with organizations as partners in a research process to gain a better understanding of the processes and impacts of programs and policies. For more information about ReLearning Curve see [www.relearningcurve.org](http://www.relearningcurve.org). If you have questions about the evaluation you can contact Dr. Jody Imbimbo, [jody@relearningcurve.org](mailto:jody@relearningcurve.org).

## **Parent Consent to Participate in the Evaluation of the Queens Educational Technology Program**

Dear Parent,

Your child's school is currently involved in a district-wide program so that teachers can use computers and other technology to help students learn more effectively. Design and Development Resources for Education and the Arts, Inc is collecting information about the program to help determine if it is working and how it can be improved. To do this successfully we need to know how students are using computers over the school year, and information about their academic progress in English Language Arts.

We will be analyzing students' English Language Arts scores by class. No child's name will be attached to the scores. This will not affect your child's academic standing, or participation in school programs or activities in any way.

Students will be asked to complete a brief survey at the beginning and the end of the program about how they use computers during school. This information will be used for our report and to help the schools make technology decisions. Your child's teacher will give out the survey in September/October of 2010 and again in June 2011. It has about 25 questions and should take your child about 15 minutes to complete.

**Participation is completely voluntary.** Your child will be asked whether he or she wants to take the survey and can either agree or refuse. The survey will be anonymous, meaning that no names will be used on the survey or attached to the forms. There are no penalties if your child does not take this survey.

There are no expected risks to your child by taking this survey. Surveys only include questions about educational experiences, not personal, social, emotional, or home experiences. The expected benefits will be that your child's school will be better able to make choices about instructional technology, providing greater access to students.

**If you object to your child's participation,** please sign and return this form to your child's teacher, identified below. **If you do not sign and return this form we will assume that you consent to your child's participation.**

**If you consent to your child's participation no further response is necessary. If you do not sign and return this form we will assume that you consent to your child's participation.**

***NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the information above and I DO NOT give permission for my child to participate in the data collection for the EETT program.***

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**Your Child's Name**

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**Teacher's Name/Class Number**

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**Your Signature**

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**Date**

If you have any questions you may contact the researchers at Design and Development Resources for Education and the Arts, Josephine Imbimbo at (646) 330-5951. You may also contact your child's teacher if you have questions about the technology survey.

